

**ND DRINKING WATER  
STATE REVOLVING FUND PROGRAM  
(DWSRF)**

**Loan Application Package**  
**(Water District, Rural Water System, Water Resource District)**

**North Dakota Department of Health  
Division of Municipal Facilities  
and  
North Dakota Municipal Bond Bank**

**Bismarck, North Dakota**

## **CONTENTS AND INSTRUCTIONS**

*Note: DWSRF loans consist of approximately 80% Federal funds and 20% State funds.*

### **CONTENTS OF APPLICATION PACKAGE**

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2. SRF Program Application (**Original Signature Required**)
3. Budget Sheet
4. Debarment and Suspension Certification (**Original Signature Required**)
5. Preaward Compliance Review Report (**Original Signature Required**)
6. Resolution of Governing Body (**Original Signature Required**)

### **INSTRUCTIONS**

Complete items 2-6 and submit with original signatures to:

North Dakota Department of Health  
Division of Municipal Facilities  
1200 Missouri Avenue, Box 5520  
Bismarck, ND 58506-5520

In addition, submit the original of item 2, including all additional documents requested, and item 3 to:

North Dakota Municipal Bond Bank  
700 East Main, PO Box 5509  
Bismarck, ND 58506-5509

If you have any questions, call the Health Department at 328-5211 or the Bond Bank at 328-7100.

## North Dakota Municipal Bond Bank State Revolving Fund Program

### Explanation of Application Review and Approval Process

This is the Bond Bank's application for financing through the State Revolving Fund Program administered by the Health Department and the Bond Bank. Please call us if you have any questions concerning the requested information or any other matter with respect to the SRF Program.

The application requests information in several different areas. This information is necessary for the State to demonstrate compliance with the Federal requirements and guidelines for the SRF Program with respect to your financial obligations and capabilities related to the project. Please provide all of the requested information to the best of your ability. Your project engineer may be able to assist you with portions of the application.

When the application is received, the Bond Bank will contact you to verify the requested loan term (the final principal payment must be made no later than 20 years after the project is completed), and will then prepare and send you a preliminary amortization schedule which will set out the principal and interest payments and the administrative fee payments you will be making over the term of the loan. We will also let you know if we have any questions concerning your application. The application will then be subject to an initial credit review by the Bond Bank and will also be reviewed by Evensen Dodge, Inc., the Bond Bank's financial advisor, and by the Bank of North Dakota, who will provide the Bond Bank with a market analysis and a credit analysis.

Following these reviews, the application and the analyses will be submitted to the Bond Bank's Advisory Committee for a recommendation to be made to the Industrial Commission, which must give its approval for all Bond Bank SRF Program loans. If the Industrial Commission approves your loan request, you will need to work with your bond counsel in the preparation of the loan closing documents. **Within six months of the loan approval, you and your bond counsel must have completed the closing documents and submitted them to the Bond Bank.** As soon as the loan is closed and the Health Department has completed its project review, you will be able to begin making draws against the approved loan amount. **The first draw must be made within six months of the loan closing.** A final amortization schedule will be prepared when you have either drawn the full loan amount or have completed construction of the project.

The SRF Program is considered to be a federal financial assistance program, and loan advances or receipts must be audited accordingly. Please discuss the audit requirements with your outside auditor and contact us if you have any questions.

The costs to you for the financing will include, in addition to interest and principal payments, an annual administrative fee of one half of one percent of the outstanding principal amount of the loan, bond counsel fees, and any other fees or expenses you may incur. Please make sure you take these costs into account when calculating the requested loan amount and for your annual budget purposes.

If you will be proposing to repay the loan with revenues from enterprise fund rates and charges, please read Part C carefully and note that net operating revenues must equal or exceed 120% of the average annual principal and interest payment amount for this loan and all outstanding revenue bonds payable with revenues from the same enterprise fund. You will also be required to establish a reserve fund as described. These requirements do not apply if you are proposing to establish an improvement district and issue improvement bonds. We encourage you to establish an improvement district even if you will be repaying the loan with enterprise fund revenues because this provides an additional revenue source. You should discuss this with your bond counsel.

You will be responsible for retaining bond counsel to represent you in this transaction and for negotiating the fees for that service. If you have not worked with an attorney as bond counsel, here is a list of the in-state firms who are recognized bond counsel:

Arntson & Stewart  
51 Broadway, Suite 603  
PO Box 789  
Fargo, ND 58102  
701-280-0195

Ohnstad Twichell  
901 13<sup>th</sup> Avenue East  
PO Box 458  
West Fargo, ND 58078-0458  
701-282-3249

Cook Wegner & Wike PLLP  
Kirkwood Office Tower  
919 S 7<sup>th</sup> St., Suite 207  
Bismarck, ND 58504  
701-255-1008

Steven L. Vogelpohl  
Wells Fargo Bank Building  
400 East Broadway, Suite 501  
PO Box 2399  
Bismarck, ND 58502-2399  
701-258-9847

Dorsey & Whitney  
Dakota Center  
51 North Broadway, Suite 201  
Fargo, ND 58107-1344  
701-235-9969

You should retain the services of bond counsel as soon as possible. It is important that you do this because the municipal securities you will deliver to the Bond Bank for your loan must be validly issued and must be legally enforceable, binding obligations. Your bond counsel will assist you and your local counsel with respect to necessary action to be taken by your governing body concerning the authorization and issuance of the municipal securities and in answering any questions you may have concerning the loan and the SRF Program.

Please call us if you have any questions or need any additional information concerning the application or the review process.

Water District  
Rural Water System  
Water Resource District

**DRINKING WATER  
STATE REVOLVING FUND PROGRAM  
LOAN APPLICATION**

**NORTH DAKOTA MUNICIPAL BOND BANK  
700 EAST MAIN AVENUE  
PO BOX 5509  
BISMARCK, ND 58506-5509  
PHONE: 800-526-3509  
(701) 328-7100  
FAX: (701) 328-7130  
E-MAIL: [ndmbb@state.nd.us](mailto:ndmbb@state.nd.us)  
WEBSITE: [www.state.nd.us/bondbank](http://www.state.nd.us/bondbank)**

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Political Subdivision: \_\_\_\_\_

Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Upon receipt and review of this application, the Bond Bank may request additional information or an explanation or clarification of the information provided before the application is determined to be complete.

**All information provided in this program application is certified by the public official whose name appears below to be true and correct as of the date of application given above.**

Contact Person for Political Subdivision: \_\_\_\_\_

Title: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_ ND \_\_\_\_\_

Telephone Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Fax: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Email: \_\_\_\_\_

## A. GENERAL

1. Name of Political Subdivision: \_\_\_\_\_
2. Mailing Address (street address): \_\_\_\_\_  
\_\_\_\_\_
3. Federal Tax Identification Number: \_\_\_\_\_
4. Type of Governing Body: \_\_\_\_\_
5. Political Subdivision's Auditor (or officer): \_\_\_\_\_  
Telephone #: \_\_\_\_\_ Fax #: \_\_\_\_\_  
Email Address: \_\_\_\_\_
6. Political Subdivision's Bond Counsel: \_\_\_\_\_
7. Political Subdivision's Engineering Firm: \_\_\_\_\_  
Contact Person: \_\_\_\_\_  
Telephone Number: \_\_\_\_\_
8. Do you have a Capital Improvement Plan or a Water or Wastewater System Plan?  
Yes \_\_\_ No \_\_\_ (If yes, please include a copy(s) with the completed application)
9. The following information must be submitted with this loan application (requested information which appears in the financial statements may be included by reference):
  - a. The three most recent annual audited financial statements.
  - b. The most recent year-end and month-end combined balance sheets for all fund types and account groups.
  - c. The most recent year-end and month-end combined statements of revenues and expenses for all enterprise funds.
  - d. The current year's operating budget for the fund in which the project will be held as an asset, and the proposed operating budget for the first year of the loan repayment term (and any other years for which a proposed budget has been prepared).
  - e. The feasibility/engineering study for the proposed project.

## B. PROJECT INFORMATION

1. Description of project to be financed with the loan proceeds (You may reference the appropriate pages in the feasibility/engineering study enclosed pursuant to paragraph A.9):

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2. Amount of loan request: \$ \_\_\_\_\_
3. Number of years to repay loan (maximum term 20 years) \_\_\_\_\_
4. Total project costs, including the requested loan amount and funds from all other sources:  
\$ \_\_\_\_\_

5. Other funding sources:                      Sources                      Amount of funding

6. Please indicate the dates on which construction of the project is scheduled to commence and be completed:

Construction will begin \_\_\_\_\_

Construction will be completed \_\_\_\_\_

7. If the purpose of the requested financing is to refinance an outstanding obligation, please provide the following information and attach a copy of the debt service schedule for the obligation to be refinanced.

- a. Original dollar amount of the obligation to be refinanced: \_\_\_\_\_

- b. Dated date of the obligation to be refinanced: \_\_\_\_\_

## C. FUNDING INFORMATION

1. Please describe the source of funds for the repayment of principal and interest on the proposed financing (i.e., general obligation tax levy, special assessments, user fees):

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2. If the proposed financing will be evidenced by revenue bonds, please attach your own worksheet or complete the following worksheet concerning existing rates, necessary rate increases, and estimated/projected revenues with respect to the utility system or fund related to the proposed project. Rates and fees must provide annual net revenues equal to 120% of the average annual principal and interest requirements for repayment of the loan. Further, a reserve fund must be established in the amount which qualifies as a reasonably required reserve fund under federal tax laws and regulations. The reserve fund must be fully-funded no later than five years after the loan has been fully-funded or as otherwise agreed.

Rate history and projections:

	Prior Year 2	Prior Year 1	Current Year	Projected Year 1	Projected Year 2
Service connections:					
Residential	_____	_____	_____	_____	_____
Commercial	_____	_____	_____	_____	_____
Base rate:					
Residential	_____	_____	_____	_____	_____
Commercial	_____	_____	_____	_____	_____
Revenue per connection:					
Residential	_____	_____	_____	_____	_____
Commercial	_____	_____	_____	_____	_____

3. Calculation of the projected average annual residential/commercial user rate:
  - a. Estimated increase or decrease in total annual operation and maintenance costs (including depreciation and repair and replacement reserves) as the result of this project:  
\$ \_\_\_\_\_
  - b. Please list and explain estimated increases or decreases in operation & maintenance costs (including depreciation and repair and replacement reserves):

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- c. Estimated increase or decrease in total annual costs as the result of this project:

\$ \_\_\_\_\_

- d. Estimated increase or decrease in total annual costs per average residential/commercial customer as the result of this project:

Residential     \$ \_\_\_\_\_  
Commercial     \$ \_\_\_\_\_

4. If the proposed financing will be evidenced by improvement bonds (special assessments), please attach the following:

- a. A copy of the resolution or ordinance creating the improvement district.
- b. A copy of the certificate confirming the assessment list.
- c. A copy of the city auditor's most recent certification of special assessments to the county auditor (if applicable).

5. Ten largest users (as of \_\_\_\_\_, 20\_\_\_\_):

Name	Usage (percent of total)	Revenue (most recent fiscal year)
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

#### D. BONDED INDEBTEDNESS

1. Present Indebtedness. If you need more room for listing the requested information, please do so on a separate attachment.

Year Issued	Purpose	Type of Bond	Initial Amount	Outstanding Balance	Avg. Annual P&I Payment Amount	Final Maturity Date

Please list any available sinking funds already deposited and pledged to the payment of principal and interest on the outstanding obligations listed above.

Sinking Funds:

Issue Identified by  
Date and Purpose

Sinking Fund  
Amount

2. Anticipated Indebtedness. Please list on a separate attachment any known future indebtedness of any type, including lease financing, which the political subdivision intends to issue or incur in the next twenty-four months. Include in the description the type of debt, estimated amount and the final maturity.
3. Defaults. If the political subdivision has ever defaulted in the payment of principal or interest on any of its outstanding indebtedness, please attach a written description of the default and any corrective measures taken by the political subdivision.

ATTACHMENT

**DRINKING WATER STATE REVOLVING FUND (DWSRF) PROGRAM  
REQUEST FOR SUPPLEMENTAL INFORMATION  
PERTAINING TO TECHNICAL, MANAGERIAL, AND FINANCIAL CAPABILITY**

Political Subdivision: \_\_\_\_\_ Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Contact Person for Supplemental Information: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ - \_\_\_\_\_ Fax Number: \_\_\_\_\_ - \_\_\_\_\_

This portion of the Loan Application is designed to gather additional pertinent information related to capacity from eligible public water systems (PWSs) seeking DWSRF assistance. Capacity refers to the overall technical, managerial, and financial capability of a PWS to consistently produce and deliver drinking water meeting all requirements of the federal Safe Drinking Water Act (SDWA). States are precluded from providing DWSRF assistance to any eligible PWS that lacks capacity to maintain SDWA compliance unless the PWS owner or operator agrees to undertake feasible and appropriate changes to ensure compliance capacity over the long term. In addition, States cannot provide DWSRF assistance to any eligible PWS that is in significant noncompliance under the SDWA unless such assistance will ensure compliance.

This information, the financial information from the Loan Application, and other available and relevant information (such as SDWA compliance data, sanitary survey reports, and operator certification status) will be evaluated by the DWSRF Program to assess your system's capacity at present and for the foreseeable future. The North Dakota Municipal Bond Bank (MBB), as financial agent for the DWSRF Program through formal agreement, will evaluate the financial information requested in the Loan application and make recommendations to the DWSRF Program concerning financial capability. The final decision regarding overall capacity will be made by the DWSRF Program.

Your system may be required to provide additional information to complete this assessment as deemed necessary by the DWSRF Program and the MBB. **Please note that the lack of capacity at the time of loan application will not preclude DWSRF assistance if the project will ensure capacity, or your system agrees to implement additional changes that will ensure capacity.** On a case-by-case basis, special conditions may be included in the loan agreement to rectify compliance and/or capacity problems.

**A written response must be recorded for each question and on each set of lines for this portion of the Loan Application to be considered complete.** The lines are intended for short responses only (such as "None" or "see Attached") and are not intended to provide sufficient space to fully record most responses. The use of attachments is encouraged and may be required. When referencing an attachment, please indicate on the appropriate line(s) the title or number of the attachment as well as where the requested information may be found within the attachment. **Please direct questions concerning this request for supplemental information pertaining to technical, managerial, and financial capability to the DWSRF Program at (701) 328-5211.**

### **Technical Capability**

**A schematic of your water system must be submitted showing all water sources, water treatment facilities (if any), pumping stations, water storage structures, and water distribution system. If you have a treatment plant, a complete flow diagram for the plant must also be submitted showing all treatment units, the clear well(s), any storage structures at the plant site, and the flow patterns during normal and alternate operations.**

#### **Source and finished water**

Is your water supply, from a quantity standpoint, sufficient to meet present average and peak water demands? Yes \_\_\_\_\_ No \_\_\_\_\_ If no, attach detailed information describing: the conditions under which present source water quantity shortages occur; the maximum water (in gallons per capita per day) presently available to residential users within your system during both average and peak water demand periods; and, explain how this project and other measures you are planning to take will rectify present water quantity shortages.

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Is your water supply, from a quantity standpoint, adequate to meet projected future residential, commercial, and industrial water needs? Yes \_\_\_\_\_ No \_\_\_\_\_ If no, attach detailed information describing projected future water needs, and explain how this project and other measures you are planning to take will address such needs.

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Please describe your present or planned involvement with the North Dakota Department of Health Wellhead Protection and/or Source Water Assessment Programs.

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Infrastructure Note: Documentation may include, but is not limited to: well driller's report(s), engineer evaluation(s), master plan(s), capital improvement plan(s), and facilities plan(s).

Please describe the condition of your well(s) and/or source water intake(s), and raw water transmission piping.

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Please describe the condition of your treatment, storage, finished water transmission, and distribution facilities.

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Please describe the current and future adequacy of your potable water facilities including source, treatment, storage, raw and finished water transmission, distribution, and appurtenances.

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Please describe your infrastructure improvement/replacement needs and plan for addressing such needs.

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#### Technical Knowledge

What is the class of your water treatment facilities? \_\_\_\_\_

What is the class of your water distribution and storage system? \_\_\_\_\_

Does your system have at least one operator that is certified at a grade level at or above the class of your water treatment facilities and water distribution and storage system? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please provide documentation. If no, please provide a written commitment and time frame as to when an appropriately certified operator will be obtained. Please note that your system may contract for system oversight by a certified operator from another PWS or specialty firm as long as the operator is appropriately certified at a grade level at or above the class of your water facilities.

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Do you have a written operation and maintenance (O&M) manual for your water system? Yes \_\_\_\_\_

No \_\_\_\_\_ Please provide written assurances that your system will update the manual as needed to reflect the DWSRF project. If your system does not presently have an O&M manual, please provide written assurances that a manual will be developed as part of the DWSRF project.

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Do you have a written emergency response plan for your water system? Yes \_\_\_\_\_ No \_\_\_\_\_

Please provide written assurances that your system will update the plan as needed to reflect the DWSRF project. If your system does not presently have an emergency response plan, please provide written assurances that a plan will be developed as part of the DWSRF project.

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Do you understand your drinking water monitoring, reporting, and treatment responsibilities under the SDWA? Yes \_\_\_\_\_ No \_\_\_\_\_

Do you know what Division (within the North Dakota Department of Health) to contact if you have questions concerning your regulatory responsibilities under the SDWA?

Yes \_\_\_\_\_ No \_\_\_\_\_ What Division? \_\_\_\_\_

Please list all violations of the SDWA, if any, that your system incurred during the last four calendar years up to the present date. For example, if you are completing this loan application in April of 2001, list all SDWA violations for the time period January 1, 1997 to March 31, 2001. If violations occurred during this time period, please provide a written plan detailing corrective steps that have been or will be taken to avoid such violations in the future. If no violations occurred during this time period, simply write "no violations". Your response will be verified through the North Dakota Drinking Water Program.

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### **Managerial Capability**

**An organizational chart must be submitted identifying all individuals involved in the management and operations of your water system.**

### **Ownership Accountability**

Please identify the owner and manager of your water system and indicate who has the authority and responsibility for making technical, managerial, and financial decisions regarding your water system.

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### Staffing and Organization

Please identify the operator(s) of your water system and include specific job descriptions and responsibilities for each. If any operator has non-drinking water related responsibilities, indicate the percentage of their devoted specifically to your drinking water system.

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Do you require your water operators to earn continuing education credits by attending drinking water-related training programs, seminars, workshops, or schools established or officially recognized by the North Dakota Operator Training and Inspections Program? Yes \_\_\_\_\_ No \_\_\_\_\_

Please describe the status of operator certification for each employee involved with the operation and maintenance of your potable water facilities, and provide assurances that requirements to become and/or remain certified will be fulfilled. Your response will be verified through the North Dakota Operator Training and Inspections Program.

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### Policies

Please identify all individuals having the authority and responsibility to establish policies for your water system.

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Does your water system presently have written policies covering such areas as changes to the system, standard materials, new hook-ups, mandatory hook-up, water main extensions, cross-connections, customer rights/responsibilities? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, please identify all areas for which written policies presently exist.

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## BUDGET SHEET

COST CLASSIFICATION	SRF	CDBG	LOCAL	OTHER	TOTAL
1. Administrative expenses	\$	\$	\$	\$	\$
2. Land, structures, rights-of-way					
3. Engineering basic fees					
4. Other engineering fees					
5. Project inspection fees					
6. Land development					
7. Relocation expenses					
8. Construction and project improvement					
9. Equipment					
10. Capitalized interest					
11. Other					
12. Miscellaneous					
13. <b>SUBTOTAL</b>	\$	\$	\$	\$	\$
14. Contingencies					
15. <b>TOTAL</b>	\$	\$	\$	\$	\$
<div style="display: flex; justify-content: space-between;"> <div style="width: 40%;"> 16. SRF Funds ..... 17. CDBG Funds ..... 18. LOCAL Funds ..... 19. OTHER Funds ..... 20. TOTAL All Funds ..... </div> <div style="width: 60%;"> <div style="text-align: right; margin-bottom: 10px;">\$ _____</div> <div style="text-align: right; margin-bottom: 10px;">\$ _____</div> <div style="text-align: right; margin-bottom: 10px;">\$ _____</div> <div style="text-align: right; margin-bottom: 10px;">\$ _____</div> <div style="text-align: right;">\$ _____</div> </div> </div>					



## **CERTIFICATION REGARDING DEBARMENT, SUSPENSION AND OTHER RESPONSIBILITY MATTERS**

### **Instructions**

Under Executive Order 12549, an individual or organization debarred or excluded from participation in federal assistance or benefit programs may not receive any assistance award under a federal program, or a subagreement thereunder for \$25,000 or more.

Accordingly, each prospective recipient of a North Dakota State Revolving Fund loan and any contract or subagreement participant thereunder must complete the attached certification or provide an explanation why they cannot. For further details, see 40 CFR Section 32.510, Participants' Responsibilities.

### **WHERE TO SUBMIT:**

The prospective loan recipient must return the signed certification or explanation with its application to the state as required in the application instructions.

A prospective prime contractor must submit a completed certification or explanation to the individual or organization awarding the contract.

Each prospective subcontractor must submit a completed certification or explanation to the prime contractor for the project.

### **HOW TO OBTAIN FORMS:**

The state includes the certification form and instructions in each application kit. Applicants may reproduce these materials as needed and provide them to their prospective prime contractor, who, in turn, may reproduce and provide them to prospective subcontractors.

Additional copies/assistance may be requested from:

North Dakota Department of Health  
Division of Municipal Facilities  
1200 Missouri Avenue  
P.O. Box 5520  
Bismarck, ND 58506-5520

Telephone (701) 328-5211  
Fax (701) 328-5200

**CERTIFICATION REGARDING  
DEBARMENT, SUSPENSION, AND OTHER RESPONSIBILITY MATTERS**

The prospective participant certifies to the best of its knowledge and belief that it and its principals:

- (a) Are not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from covered transactions by any federal department or agency;
- (b) Have not within a three-year period preceding this proposal been convicted of or had a civil judgment rendered against them for commission of fraud or a criminal offense in connection with obtaining, attempting to obtain, or performing a public (federal, state or local) transaction or contract under a public transaction; violation of federal or state antitrust statutes or commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, or receiving stolen property;
- (c) Are not presently indicted for or otherwise criminally or civilly charged by a government entity (federal, state or local) with commission of any of the offenses enumerated in paragraph (1)(b) of this certification; and
- (d) Have not within a three-year period preceding this application/proposal had one or more public transactions (federal, state or local) terminated for cause or default.

I understand that a false statement on this certification may be grounds for rejection of this proposal or termination of the award. In addition, under 18 U.S.C. Section 1001, a false statement may result in a fine of up to \$10,000 or imprisonment for up to 5 years, or both.

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Name and Title of Authorized Representative

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Signature of Authorized Representative

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Date

I am unable to certify to the above statements.  
Attached is my explanation.

## **PREAWARD COMPLIANCE REVIEW REPORT FOR CONSTRUCTION LOANS**

### **Instructions - General**

Recipients must comply with the following statutes by virtue of receiving the loan.

Title VI of the Civil Rights Act of 1964 provides that no person in the United States shall on the grounds of race, color or national origin, be excluded from participation in, be denied the benefits of or be subjected to discrimination under any program or activity receiving federal financial assistance. The Act goes on to explain that the title shall not be construed to authorize action with respect to any employment practice of any employer, employment agency, or labor organization (except where a primary objective of the federal financial assistance is to provide employment).

Section 13 of the 1972 Amendments to the Federal Water Pollution Control Act provides that no person in the United States shall, on the ground of sex, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any program or activity receiving financial assistance under the Federal Water Pollution Control Act, as amended. Employment discrimination on the basis of sex is prohibited in all such programs or activities. These same requirements apply to any program or activity receiving financial assistance under the Federal Safe Drinking Water Act as amended.

Section 504 of the Rehabilitation Act of 1973 provides that no otherwise qualified handicapped individual shall solely by reason of their handicap be excluded from participation in, be denied the benefit of or be subject to discrimination under any program or activity receiving federal financial assistance. Employment discrimination on the basis of handicap is prohibited in all such programs or activities.

The Age Discrimination Act of 1975 provides that no person on the basis of age shall be excluded from participation in, be denied the benefits of, or be subject to discrimination under any program or activity receiving federal financial assistance. Employment discrimination is not covered. Age Discrimination in employment is prohibited by the Age Discrimination in Employment Act administered by the Equal Employment Opportunity Commission.

Title IX of the Education Amendments of 1972 provides that no person should on the basis of sex, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any education program or activity receiving federal financial assistance. Employment discrimination on the basis of sex is prohibited in all such education programs or activities. Note: an education program or activity is not limited to only those conducted by a formal education institution.

The primary purpose of the construction loan program under the Federal Water Pollution Control and the Safe Drinking Water Acts, as amended, is development of water pollution control and drinking water facilities.

Accordingly, the information on this form is required to enable the State of North Dakota and the U. S. Environmental Protection Agency to determine whether prospective treatment works construction recipients are developing treatment system projects on a nondiscriminatory basis as required by the above-referenced statutes.

Submit this form with the original and required copies of applications, requests for extensions, requests for increase of funds, etc. Updates of information are all that are required after the initial submission. If any item is not relevant to the project for which assistance is requested, write "NA" for "Not Applicable."

ITEMS:

I. Self-explanatory.

II.A. Civil rights lawsuits mean any lawsuit or complaint alleging discrimination on the basis of race, color, national origin, sex, age or handicap pending against the applicant or entity which actually benefits from the loan. For example, if a city is the named applicant but the loan will actually benefit the water or wastewater department, only civil rights lawsuits involving the water or wastewater department, whether named as a party or not, should be listed.

II.B. Civil rights compliance review means any review assessing the applicant's compliance with laws prohibiting discrimination on the basis of race, color, national origin, sex, age, or handicap. If any part of the review covered the entity which actually benefits from the loan, it should be listed. If it did not, the review should not be listed.

III.A. Give population of applicant's treatment system jurisdiction, broken out by categories as specified.

III.B. If there is a significant disparity between minority and nonminority populations to receive service, not otherwise satisfactorily explained, the Regional office may require a map which indicates the minority and nonminority population served and not served as well as the minority and nonminority population served by this project.

III.C. "Jurisdiction" means the geographical area over which applicant has authority to provide treatment works service.

III.D.&E. Self-explanatory.

IV. Self-explanatory.

## Preaward Compliance Review Report For Construction Loans

**Note:** Read instructions on preceding page before completing form.

I. A. Applicant ( <i>Name and State</i> )	B. SRF Project No.
II. A. Are any civil rights lawsuits or complaints pending against applicant? If "Yes", list those complaints and the disposition of each complaint. <div style="text-align: right;"> <input type="checkbox"/> Yes    <input type="checkbox"/> No         </div>	
II. B. Have any civil rights compliance reviews been conducted during the two years prior to this application for activities which would receive EPA assistance? If "Yes", list those compliance reviews and status of each review. <div style="text-align: right;"> <input type="checkbox"/> Yes    <input type="checkbox"/> No         </div>	
III. A. Population Characteristics	Number of People
1. A. Population of entire service area	
B. Minority population of entire service area	
2. A. Population currently served	
B. Minority population currently served	
3. A. Population to be served by project	
B. Minority population to be served by project	
4. A. Population to remain without service	
B. Minority population to remain without service	
B. If entire community under the applicant's jurisdiction is not served under the existing facilities or will not be served under the proposed plan, give reasons why.	
C. Give the schedule for future construction by which service will be provided to all inhabitants within applicant's jurisdiction. If there is no schedule, explain why.	
D. Is a federal agency being asked or already providing financial assistance to any construction associated with this project? If "Yes", list the federal agency(s), describe the associated work and the dollar amount of assistance. <div style="text-align: right;"> <input type="checkbox"/> Yes    <input type="checkbox"/> No         </div>	
E. Will all new facilities or alterations to existing facilities financed by this loan be designed and constructed to be readily accessible and useable by handicapped persons? If "No", explain how a regulatory exception (40 CFR 7.70) applies. <div style="text-align: right;"> <input type="checkbox"/> Yes    <input type="checkbox"/> No         </div>	

### IV. Certification

I certify that the information given above is true and correct to the best of my knowledge or belief.  
*(A willfully false statement is punishable by law: U.S. Code, Title 18, Section 1001)*

A. Signature of Authorized Official	B. Title of Authorized Official	C. Date
<b>For the U.S. Environmental Protection Agency</b>		
<input type="checkbox"/> Approved <input type="checkbox"/> Disapproved	Regional Director of Civil Rights	Date

**RESOLUTION OF GOVERNING BODY OF APPLICANT**  
(Suggested Format)

**RESOLUTION NO. \_\_\_\_\_**

Resolution authorizing filing of application with the North Dakota Department of Health for a Loan under the Safe Drinking Water Act.

WHEREAS, under the terms of the Safe Drinking Water Act, the United States of America has authorized the making of Loans to authorized applicants to aid in the construction of specific public projects:

Now, Therefore, Be It Resolved \_\_\_\_\_  
(Governing Body of Applicant)

1. That \_\_\_\_\_ be and he is hereby authorized to execute  
(Designate Official)  
and file an application on behalf of \_\_\_\_\_ with the North  
(Legal Name of Applicant)  
Dakota Department of Health for a Loan to aid in the construction of \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
(Brief Project Description)

2. That \_\_\_\_\_, \_\_\_\_\_, be and he is  
(Name of Authorized Representative) (Title)  
hereby authorized and directed to furnish such information as the North Dakota Department of Health may reasonably request in connection with the application which is herein authorized to be filed, to sign all necessary documents, and, on behalf of city, to accept Loan offer and receive payment of Loan funds.

**CERTIFICATE OF RECORDING OFFICER**

The undersigned duly qualified and acting \_\_\_\_\_ of the  
(Title of Officer)

\_\_\_\_\_ does hereby certify:  
(Legal Name of Applicant)

That the attached resolution is a true and correct copy of the resolution, authorizing the filing of application with the North Dakota Department of Health, as regularly adopted at a legally convened meeting of the \_\_\_\_\_ duly held on the \_\_\_\_\_ day of  
(Name of Governing Body of Applicant)  
\_\_\_\_\_, 20\_\_\_\_; and further that such resolution has been fully recorded in the journal of proceedings and records in my office.

In Witness Whereof, I have hereunto set my hand this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

(SEAL)  
If applicant has  
an official seal,  
impress here.

\_\_\_\_\_  
(Signature of Recording Officer)

\_\_\_\_\_  
(Title of Recording Officer)